

Index of Claims



Application/Control No.

10/728,653

Examiner

Sharon E. Kennedy

Applicant(s)/Patent under Reexamination

SCHLEIFENBAUM ET AL.

Art Unit

1615

| | |
|---|----------|
| ✓ | Rejected |
| = | Allowed |

| | |
|---|--------------------------------|
| - | (Through numeral) Cancelled |
| + | Restricted |

| | |
|---|--------------|
| N | Non-Elected |
| I | Interference |

| | |
|---|----------|
| A | Appeal |
| O | Objected |

| Claim | | Date | | | |
|-------|----------|------|--|--|--|
| Final | Original | | | | |
| 1 | 1 | ✓ | | | |
| 2 | 2 | | | | |
| 3 | 3 | | | | |
| 4 | 4 | | | | |
| 5 | 5 | | | | |
| 6 | 6 | | | | |
| 7 | 7 | | | | |
| 8 | 8 | | | | |
| 9 | 9 | | | | |
| 10 | 10 | | | | |
| 11 | 11 | ✓ | | | |
| 12 | 12 | 0 | | | |
| 13 | 13 | 0 | | | |
| 14 | 14 | ✓ | | | |
| 15 | 15 | ✓ | | | |
| 16 | 16 | | | | |
| 17 | 17 | ✓ | | | |
| 18 | 18 | | | | |
| 19 | 19 | | | | |
| 20 | 20 | | | | |
| 21 | 21 | | | | |
| 22 | 22 | | | | |
| 23 | 23 | ✓ | | | |
| 24 | 24 | | | | |
| 25 | 25 | | | | |
| 26 | 26 | | | | |
| 27 | 27 | | | | |
| 28 | 28 | | | | |
| 29 | 29 | | | | |
| 30 | 30 | | | | |
| 31 | 31 | | | | |
| 32 | 32 | | | | |
| 33 | 33 | | | | |
| 34 | 34 | | | | |
| 35 | 35 | | | | |
| 36 | 36 | | | | |
| 37 | 37 | | | | |
| 38 | 38 | | | | |
| 39 | 39 | | | | |
| 40 | 40 | | | | |
| 41 | 41 | | | | |
| 42 | 42 | | | | |
| 43 | 43 | | | | |
| 44 | 44 | | | | |
| 45 | 45 | | | | |
| 46 | 46 | | | | |
| 47 | 47 | | | | |
| 48 | 48 | | | | |
| 49 | 49 | | | | |
| 50 | 50 | | | | |

| Claim | | Date | | | |
|-------|----------|------|--|--|--|
| Final | Original | | | | |
| 51 | 51 | | | | |
| 52 | 52 | | | | |
| 53 | 53 | | | | |
| 54 | 54 | | | | |
| 55 | 55 | | | | |
| 56 | 56 | | | | |
| 57 | 57 | | | | |
| 58 | 58 | | | | |
| 59 | 59 | | | | |
| 60 | 60 | | | | |
| 61 | 61 | | | | |
| 62 | 62 | | | | |
| 63 | 63 | | | | |
| 64 | 64 | | | | |
| 65 | 65 | | | | |
| 66 | 66 | | | | |
| 67 | 67 | | | | |
| 68 | 68 | | | | |
| 69 | 69 | | | | |
| 70 | 70 | | | | |
| 71 | 71 | | | | |
| 72 | 72 | | | | |
| 73 | 73 | | | | |
| 74 | 74 | | | | |
| 75 | 75 | | | | |
| 76 | 76 | | | | |
| 77 | 77 | | | | |
| 78 | 78 | | | | |
| 79 | 79 | | | | |
| 80 | 80 | | | | |
| 81 | 81 | | | | |
| 82 | 82 | | | | |
| 83 | 83 | | | | |
| 84 | 84 | | | | |
| 85 | 85 | | | | |
| 86 | 86 | | | | |
| 87 | 87 | | | | |
| 88 | 88 | | | | |
| 89 | 89 | | | | |
| 90 | 90 | | | | |
| 91 | 91 | | | | |
| 92 | 92 | | | | |
| 93 | 93 | | | | |
| 94 | 94 | | | | |
| 95 | 95 | | | | |
| 96 | 96 | | | | |
| 97 | 97 | | | | |
| 98 | 98 | | | | |
| 99 | 99 | | | | |
| 100 | 100 | | | | |

| Claim | | Date | | | |
|-------|----------|------|--|--|--|
| Final | Original | | | | |
| 101 | 101 | | | | |
| 102 | 102 | | | | |
| 103 | 103 | | | | |
| 104 | 104 | | | | |
| 105 | 105 | | | | |
| 106 | 106 | | | | |
| 107 | 107 | | | | |
| 108 | 108 | | | | |
| 109 | 109 | | | | |
| 110 | 110 | | | | |
| 111 | 111 | | | | |
| 112 | 112 | | | | |
| 113 | 113 | | | | |
| 114 | 114 | | | | |
| 115 | 115 | | | | |
| 116 | 116 | | | | |
| 117 | 117 | | | | |
| 118 | 118 | | | | |
| 119 | 119 | | | | |
| 120 | 120 | | | | |
| 121 | 121 | | | | |
| 122 | 122 | | | | |
| 123 | 123 | | | | |
| 124 | 124 | | | | |
| 125 | 125 | | | | |
| 126 | 126 | | | | |
| 127 | 127 | | | | |
| 128 | 128 | | | | |
| 129 | 129 | | | | |
| 130 | 130 | | | | |
| 131 | 131 | | | | |
| 132 | 132 | | | | |
| 133 | 133 | | | | |
| 134 | 134 | | | | |
| 135 | 135 | | | | |
| 136 | 136 | | | | |
| 137 | 137 | | | | |
| 138 | 138 | | | | |
| 139 | 139 | | | | |
| 140 | 140 | | | | |
| 141 | 141 | | | | |
| 142 | 142 | | | | |
| 143 | 143 | | | | |
| 144 | 144 | | | | |
| 145 | 145 | | | | |
| 146 | 146 | | | | |
| 147 | 147 | | | | |
| 148 | 148 | | | | |
| 149 | 149 | | | | |
| 150 | 150 | | | | |